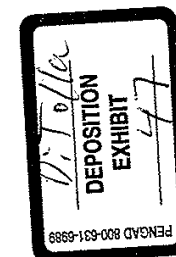


PROOF #2



Doctor _____ CASE# _____
 Address _____
 City / State _____ Zip _____
 Phone (____) _____ Sex _____ Age _____
 Patient _____ DUE _____

SHADE: _____ Occl. Stain: _____

PREP _____
 SHADE: _____
 Mould: _____

☐ None ☐ Light ☐ Medium ☐ Dark

Rx

ALL CERAMIC

- ☐ E-Max® LT/HT Stained Veneer / Crown
☐ E-Max® LT/HT Layered Veneer / Crown
☐ Empress Esthetic Layered Veneer / Crown
☐ IPS E-Max® Crown
☐ IPS Inlay/Onlay
☐ Full Zirconia (Bruxer)
☐ Zirconia Crown (Layered)
☐ LAVA®

PORC. FUSED TO METAL

- ☐ Non-Precious
☐ Noble, Semi-Precious
☐ High Noble, Precious
☐ Porc. Butt Margin
☐ Porc./Met. Occlusal
☐ CAPTEK

ALL METAL

- ☐ Full Gold Crown
☐ Gold Inlay/Onlay

IMPLANTS

- ☐ T1 Abutment Stock / CAD-CAM
☐ Ceramic Abutment / CAD-CAM
☐ Custom Abutment

Signed _____ D.D.S. Dentist's License Number _____ Date _____

All accounts due within 30 days of statement date. A service charge of 2% per month or 24% annual will be added to past due accounts.
 Person signing this authorization accepts sole responsibility for payment, and agrees to pay all legal costs in the event of suit, including reasonable attorney fees.



1243 E. Broadway Road, #201
 Tempe, AZ 85282
Ph (480) 449-0909
 Fax (480) 449-0999

FRAMEWORK

- ☐ Metal
☐ Chrome/Vitallium
☐ Valplast
☐ Combination
☐ Metal w/Ultraflex Clasp

MAJOR CONNECTOR

- Maxillary
☐ Horseshoe
☐ Palatal Strap
☐ A-P Strap
☐ Full Coverage

Mandibular

- ☐ Lingual Bar
☐ Lingual Plate

Pt. Name in Denture

- ☐ YES
☐ NO

CLASPING

- ☐ Wrought Wire/Location _____
☐ Akers/Location _____
☐ I Bar/Location _____
☐ T Bar/Location _____
☐ Modified T Bar/Location _____
☐ Lab Select

RESTS

- ☐ Mesial/Location _____
☐ Distal/Location _____
☐ Cingulum/Location _____
☐ Embrasure/Location _____
☐ Lab Select

ACRYLIC

- ☐ Full Denture U/L
☐ Immediate Denture U/L
☐ Flipper U/L
☐ Night Guards U/L
☐ - Hard/Soft/Combo
☐ Temporary Crown
☐ Reline
☐ Custom Impression Tray

- ☐ Surgical Guide
☐ CT Stent
☐ Implant Index/Jig
☐ Space Maintainer
☐ Ultraflex Clasp

ENCLOSED

- ☐ Impressions
☐ Master Model
☐ Opposing Model
☐ Bite
☐ Photo
☐ Implant Parts
☐ Other _____

KDA-002758

EXHIBIT 43

-427-